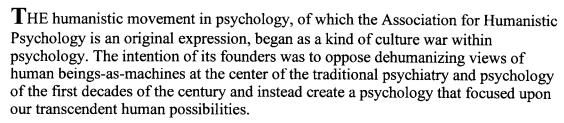
rspective Magazine

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WAKE UP CALL FOR HUMANISTIC WARRIORS by Maureen O Hara, Ph.D.





Many humanistically-grounded psychotherapists well remember the days of vigorous disagreements among proponents of different schools of psychology as we engaged on the epistemology of psychology, the view of the person at its center, questions of meaning, the nature of psychological suffering and the best approaches to psychological healing. The creators of humanistic psychology -- Carl Rogers, Abraham Maslow, Rollo May, Clark Moustakas, Karl and Charlotte Buhler, Tony Sutich, to name just some undisputed giants of twentieth century psychology, were never far from the center of the fray. Graduate students and entire graduate schools took sides, so that by the seventies it was possible to choose graduate training based in radically diverse intellectual traditions that led, nevertheless, to similar professional licenses. In California, for example, a behaviorist Ph.D. from UCLA was on the same footing as someone with a Ph.D. from the Humanistic Psychology Institute (now Saybrook).

Philosophical disagreements proliferated. Laws were altered to permit psychologists, social workers, and in some states, masters-level marriage and family counselors to practice psychotherapy independently. Differences, however fundamental, became shunted to the background in the rush by psychotherapists of all persuasions to jump on the third-party payment gravy train. This train was, however, on one particular track. Insurance reimbursement was tied entirely to the medical model and to "disease categories" listed in the physician-generated DSMs.

By the late eighties one would have been hard pressed to find a licensed psychotherapist, even one who professed a pure form of existential or humanistic psychology, who refused to give a client a DSM-based medical diagnosis and accept insurance company reimbursement. Most humanistic psychologists solved their dilemma by giving the most innocuous diagnosis possible which still qualified for reimbursement. Dysthymia and adjustment disorders were popular. Humanistic practitioners in institutional settings lived in uneasy tension between sounding like a medical practitioner in staff meetings and practicing their own soul-based therapy behind their consulting room doors.

As is now obvious to anyone practicing today, the game is up. Pushed by several very powerful

forces, the whole mental health landscape is in the throes of a major shake-up which presents humanistic practitioners with both challenge and opportunity.

The first challenge is healthcare reform. The managed care revolution is already well underway in states like California and New York and not far behind elsewhere. Insurers, corporate and governmental healthcare purchasers, and members of the Administration and Congress, appear to have decided that in the interests of cost containment they must control therapeutic practice, controlling what therapists can and cannot do, for how long, and for what reasons. One managed care company I work with wants a symptom checklist and therapeutic intervention report after every single session!

The managed care industry is attempting to impose a paradigm shift of their own. Their spokespeople describe this as a process of *industrialization*, like what happened to butchers, bakers, and candlestick makers in the nineteenth century. Most humanistic therapists cannot twist their practice to fit into such a mechanistic system. Whether we like it or not, if humanistic practice is to survive, we must once more engage in the paradigm wars that forged our discipline and revisit questions of our world views, methodologies, ethics, and ultimate aims.

A second potentially disastrous threat to humanistic practice is as yet unpublicized. This year the American Psychological Association, undoubtedly in response to the threat posed by healthcare reform, has embarked upon a project to create a diagnostic manual of its own. Psychological (in contrast to psychiatric) illnesses are to be delineated on the basis of standardized research, and standards for treatment will be established to permit clear distinctions between acceptable care and substandard care. The driving forces in the project are not entirely clear; so far the proposal has not been officially circulated. It seems reasonable to assume, however, that it is a response to such recent devastating critiques as Robyn Dawes' in his book *The House of Cards*. Dawes points out that no research has yet shown a correlation between effective outcomes in psychotherapy and requirements for training and licensing in clinical psychology and that most psychological treatments currently being practiced (and paid for by insurers) cannot be justified on the basis of scientifically valid research.

A third threat to humanistic psychology professionals comes from changes underway in accreditation criteria being applied by states for the right to sit for licensure. Pushed by the same "turf war" forces, many state psychology boards are attempting to make graduation from a doctoral program on the designated list of the *State and Provincial Psychology Board/National Register* a prerequisite for licensure. Very few such programs allow a student to focus on humanistic psychology. Until now, as long as candidates had a degree from a regionally accredited graduate program, they could sit for the exam. Increasingly, however, graduates from humanistically-oriented schools are being refused licensing. As it becomes clear that degrees from alternative schools will fare badly in the marketplace, graduate opportunities for humanistic studies will dry up.

Yet a fourth threat is beginning to emerge in the form of therapy backlash move ments. Attacks on so-called "victim feminism" which focuses on the psychological effects of domestic violence, sexual abuse, and child abuse; the relish with which the concept of a "false memory syndrome" has been seized upon; attacks by the religious right who believe that humanistic, transpersonal, shamanic, and experiential therapies are actually forms of religion, even satanism, masquerading as medicine: all suggest that psychotherapy is under siege from several directions at once. Such attacks have real teeth. Some humanistic and transpersonal psychologists have already been charged with ethics violations and malpractice for using experiential or shamanistic practices. As competition for shrinking healthcare resources heats up, we should expect this to get worse.

If humanistic professionals are to survive and their practice to remain a viable and respectable movement, the humanistic psychology community has no choice but to reengage with the struggle which brought it into existence in the 1960s.

Here is the opportunity. It is in more than the interest of our own survival that we must reengage. As the world enters a new postmodern era in which all established givens and cultural meanings unravel, in which there is a rising crisis of values, in which alienation, despair, meaninglessness, and anxiety become the daily experience of all but a privileged few, the kind of psychological services society has available to it has grave cultural consequences.

There is an important and urgent cultural need for humanistic practitioners to reenter the fray and to elucidate our life-affirming vision, our worldview, and our particular understandings of the nature of human reality. In language that affirms both the deepest convictions of the humanistic tradition as well as the emergent pluralism within a postmodern polyglot world of tomorrow, we must re-articulate our worldview(s), what we believe are the foundational premises of our work, what the essential conditions under which psychotherapy can be practiced effectively and ethically are, and how such services should be financed and made widely available. And we should not compromise.

AHP, Division 32 (Humanistic Psychology) of APA, the Consortium for Diversified Programs in Psychology, the National Psychology Advisory Association, and others with an interest in seeing humanistic practice survive as a profession are collaborating to strategize ways to keep psychological practice strong and available. But initiatives like this take people power, and these organizations are already overextended trying to fight off attacks against the credentialling of humanistic psychologists already underway in many states.

Humanistic professionals, psychologists, psychiatrists, social workers, marriage and family therapists, professional counselors, pastoral counselors, and others who wish to safeguard not only humanistic clinical psychology but humanistic practice in general, need to get involved NOW. Our right to practice, the ability to be educated in a humanistic tradition, opportunity to develop a world view that sees human beings as sacred and psychotherapy both as a path to further human emancipation and as care of the soul - all will have to be vigorously defended against the dehumanizing effects of psychological industrialization in the years to come.

It is my personal conviction that even though the managed care revolution is here to stay, the general public overwhelmingly yearns for a sacred psychology. Whether any but the very privileged few have access to it will depend upon us - not just upon what we believe but on what we do. It is time for humanistic psychology to get organized intellectually, professionally, and politically. We need to reinvent the human potential movement, to recreate affordable and meaningful psychological growth experiences that are adequate to the task of speaking to the depths of postmodern pain and capable of inspiring us to the heights of our possibilities.

Robert Barth, who serves on the board of the National Psychology Advisory Association and the Humanistic Psychology Div. 32 of APA, has agreed to act as a point person in this kind of organizing. AHP is the only organization that can conceivably speak for the professional interests of all humanistic practitioners. All those who have an interest in getting involved in this work -- and it will be work -- should contact:

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